(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir.

(c) to (e) Safed Musli has not been included in the list of endangered species and there is no evidence of its declining cultivation. This is one of 32 plants identified by the Medicinal Plants Board for captive cultivation. Subsidy to the extent of 30% of the cultivation cost subject to the maximum of Rs. 9.00 lakh is given to the grower. However, lower priority is being extended for cultivation of Safed Musli to avoid glut in market and to ensure remunerative prices to the cultivators.

Rise in Colorectal Cancer Cases

3969. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that cases of colorectal cancer are on the rise in the capital; and

(b) if so, the reasons for the rise and the efforts made by the Government to educate the people in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The Population Based Cancer Registry (PBCR) from 1988-2000 functioning under the aegis of Indian Council of Medical Research (ICMR) does not show an increase in Colon or Rectal Cancer in the capital.

All the schemes under the National Cancer Control Programme have since been revised. Special emphasis is now being laid on early detection of Cancer through screening promotion health education, creating awareness etc. under District Cancer Control Programme.

Winding up of CGHS

3970. SHRI MANOJ BHATTACHARYA:
SHRI N.K. PREMACHANDRAN:
SHRI KARNENDU BHATTACHARJEE:
DR. ALLADI P. RAJKUMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Planning Commission in its mid-term appraisal of Tenth Five Year Plan has recommended for winding up of CGHS for Government servants;

(b) whether the Planning Commission in the same appraisal has also recommended for introduction of a new insurance scheme for Government Servants; and

(c) if so, the details thereof and Government's reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY .WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The recommendations, if any, of the Planning Commission on the Central Government Health Scheme (CGHS),and inclusion of a new insurance scheme will be reflected in the Mid-Term Appraisal of the Tenth Five Year Plan, which is presently under finalisation.

Sickle Cell Anaemia

†3971. SHRI KRIPAL PARMAR:

SHRI SURENDRA LATH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that hereditary abnormality is increasing in some castes and communities due to the disease known as "sickle Cell" prevailing in whole Western Orissa, Chhattisgarh, Madhya Pradesh and some pockets of Maharashtra;

(b) if so, the remedial action taken by Government to ensure that hereditary abnormalities do not increase;

(c) whether some NGOs and social institutions are also working in this area and getting financial assistance from abroad; and

(d) if so, to what extent financial assistance is being received by them alongwith details of arrangements for its monitoring?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) According to the Indian Council of Medical Research, there is no centralised State-wise registry regarding prevalence of sickle cell disease. Sporadic studies

† Original notice of the question was received in Hindi.